

TRANSMITTAL FORM

Attorney Docket No.
AUS920010114US/2065PIn re the application: **Raymond L. Hicks et al.**Confirmation No.: **5644**Serial No: **09/820,458**Group Art Unit: **2114**Filed: **March 29, 2001**Examiner: **Lohn, Joshua A.**For: **Method and System for Fault Isolation Methodology for I/O Unrecoverable Uncorrectable Error**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED JUL 15 2004 Technology Center 2100	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

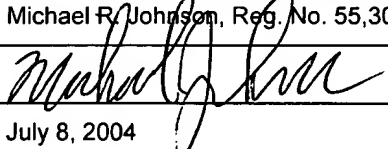
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	39	41	0	\$18.00	\$ 0.00
Independent Claims	9	9	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

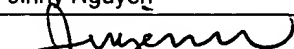
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0447 (IBM Corporation).

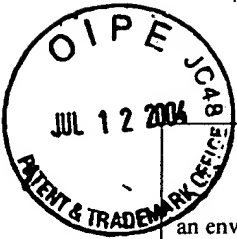
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Michael R. Johnson, Reg. No. 55,306
Signature	
Date	July 8, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: **July 8, 2004**

Type or printed name	Jinny Nguyen
Signature	



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CERTIFICATE OF MAIL

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Jinny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: July 8, 2004

Raymond L. HICKS et al.

Confirmation No.: 5644

Serial No: 09/820,458

Group Art Unit: 2114

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Examiner: Lohn, Joshua A.

For: METHOD AND SYSTEM FOR FAULT ISOLATION METHODOLOGY FOR
I/O UNRECOVERABLE, UNCORRECTABLE ERROR

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Commissioner for Patents
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AMENDMENT UNDER 37 CFR §1.116

Sir or Madam:

In response to the Final Office Action dated May 25, 2004, please amend the above-identified application in the following manner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.